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CONFIRMATION NO. 5235

|                             |                                       |              |                        |                               |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------|
| SERIAL NUMBER<br>10/680,759 | FILING DATE<br>10/07/2003<br><br>RULE | CLASS<br>356 | GROUP ART UNIT<br>2877 | ATTORNEY DOCKET NO.<br>P03060 |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------|

## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

No

PA

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

No

PA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/30/2004

|   |                           |                        |                       |                            |
|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>VT | SHEETS<br>DRAWING<br>2 | TOTAL<br>CLAIMS<br>14 | INDEPENDENT<br>CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature <u>PA</u> Initials  |                           |                        |                       |                            |

## ADDRESS

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## TITLE

Ophthalmic lens transportation and inspection cell

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|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>900 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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